(1)	Person Filing:		
	Address: City, State, and Zip Code:		
	Phone:Atlas Number (if applicable):		
	Attorney's State Bar Number (if applicable):		
	Representing Self (Without a Lawyer) OR	☐ Attorney for ☐ Petitioner OR ☐ Respondent	
	SUPERIOR COURT OF ARIZ	ONA IN MARICOPA COUNTY	
		Case Number: (4)	
Pet	itioner		
		ORDER STOPPING "ORDER OF ASSIGNMENT"	
(3)			
Res	pondent		
TO:	CURRENT employers or other payors of:		
	Name of Obligor:	(5)	
	Social Security Number:		
	This Order concerns the "Order of Assignment" with the same case number as this "Order Stopping Order of Assignment." The "Order of Assignment" was issued on (date) (6) (Indicate the Date of "Order of Assignment").		
1.	You shall STOP withholding monies purs Immediately OR	uant to the "Order of Assignment:"	
		to the Support Payment Clearinghouse.	
The CI	erk of the Superior Court/Clearinghouse is ord	ered:	
	To release any monies currently in the posse directing the Clerk of the Court to "hold" mor	ssion of the Clerk/Clearinghouse based on an Order nies pending the direction of the Court:	
	to the obligee/payee in total and any f to the obligor/payor in total an to the obligee/payee in the am any future payment shall be sent to th release current support in the obligee/payee and the remainder, if an	d any future payments, OR ount of \$ The remainder and e obligor/payor, OR amount of \$ per month to the	

	Other:	
	OR	
	To disburse any monies received by the Clerk/Clearinghouse, from the date of this Order, from the obligor/payor/employer in the amount of \$ to the obligee/payee and return the remainder to the obligor/payor.	
	OR	
	To return any monies received by the Clerk/Clearinghouse, from the date of this Order, from the obligor/payor/employer to the obligor/payor.	
	OR Other	
Dated:		
	Judicial Officer	

Case No._____